



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd, Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

ERASURE AFFIDAVIT

STATE OF NEVADA

COUNTY OF _____)

The undersigned, being duly sworn, states that the erasure appearing on line _____, on the reverse of the Certificate of Ownership covering:

Make/Model : _____ Year: _____ Serial # _____

was made because (give reason):

and _____ erased
should not be part of the Record.

Organization/Printed Name: _____

Signature: _____

Subscribed and sworn to before me, _____ the undersigned Notary

Public, this _____ day of _____, 20_____ by _____

_____.

Notary Public